



Opioid Solutions: Investing in the Next Generation: Using Opioid Settlement Funds to Expand Support for Neonatal Abstinence Syndrome

August 13, 2026

KACo Opioid Solutions Learning Opportunities



Kentucky counties continue to lead the way in addressing the opioid epidemic through thoughtful, strategic use of opioid settlement dollars. To support this work, KACo is launching Opioid Solutions, a nine-part webinar series in 2026 designed to help counties better understand and implement the core strategies outlined in [Exhibit E](#) of the national opioid settlements.

Each monthly session will take a deep dive into one allowable strategy area and will include:

- A clear explanation of the strategy and how it fits within settlement requirements
- Practical guidance for local implementation
- Real-world examples of county-funded opioid abatement programs
- Tips to support impact, sustainability, and compliance



Allowable uses of Opioid Settlement Funds

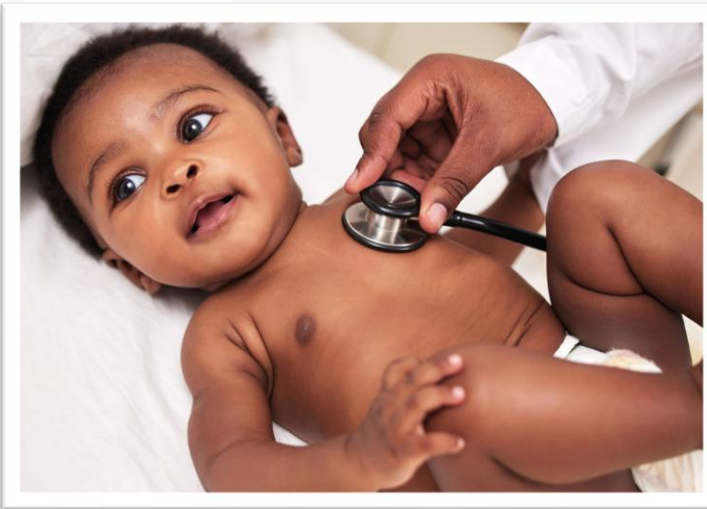


Core strategies:

- **Naloxone** or other opioid overdose reversal drugs
- **Medication for Opioid Use Disorder (MOUD) / MAT**
- Services for **pregnant women and parents**
- Expanding treatment for **neonatal abstinence syndrome**
- Expansion of **warm hand-off programs** and recovery services
- Treatment for **incarcerated populations**
- **Prevention** programs
- Expanding **syringe service** programs
- Evidence-based **data collection** on the effectiveness of abatement strategies

See Exhibit E, the National Opioid Settlement Agreement

Pregnant & Postpartum Women



- Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women
- Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum;
- Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

Expanding Treatment for NAS



- Expand comprehensive evidence-based and recovery support for NAS babies
- Expand services for better continuum of care with infant need dyad;
- Expand long-term treatment and services for medical monitoring of NAS babies and their families.



Questions?

KACo Opioid Solutions Learning Opportunities



Check out KACo's resource library for continuing education opportunities highlighting how counties are using their opioid settlement funds in innovative, effective, and sustainable ways. You'll find best practices on topics such as youth prevention, peer support, access to treatment, quick response teams, and more. Stay tuned for new resources and updates!

KACo Opioid Settlement Resource Library



Opioid Settlement Resource Library

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Frequently Asked Questions

A purple rectangular graphic with a background image of the Kentucky State Capitol building.

**Kentucky Opioid
Abatement Advisory
Commission**

A purple rectangular graphic with a background image of a statue of Lady Justice holding scales.

**Settlement
Agreements and
Exhibits**

A purple rectangular graphic with a background image of a laptop displaying a webinar and a person's hands holding a coffee cup.

**Archived Trainings
and Recordings**

A purple rectangular graphic with a background image of two people in a meeting, with their faces obscured by white squares.

**Tools, Templates and
Planning**

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**Approved Uses and
Resources**

Opioid Settlement Advisor



- Guidance on opioid settlement use
- Review of allowable expenses
- Support for long-term and strategic planning
- Access to templates and standardized forms
- Assistance with mandatory reporting requirements
- Review of best practices and peer examples
- Training and education opportunities
- Referrals to qualified practitioners and subject-matter experts

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Investing in the Next Generation:

Using Opioid Settlement Funds
to Expand Support for
Neonatal Abstinence Syndrome

Dawn Forbes, MD

August 13, 2026



Dawn Forbes MD, MS, FAAP

“The greatest opportunity to change the trajectory of the opioid crisis **begins before birth** and continues throughout childhood.

- **Board-certified neonatologist** and pediatrician
- **CEO and founder** of **NASCEND PBC**
- **18 years of NICU experience**
- **32 years in research**, medical, industry, and academic
- **15 years** providing care for pregnant women with opioid use disorder at Behavioral Health Group
- **National expert** in the care opioid-exposed infants and substance affected pregnancies.
- **Forbes Next 1000 Entrepreneur to Watch**
- **2024 Who's Who** in Medicine
- **2024 Who's Who** in Healthcare



Top
Social Impact
Company 2023

NASCEND™

Today's Discussion

- Review the intent of opioid abatement funding as it relates to women, children, and families.
- Explain why early intervention improves outcomes and reduces long-term impact and costs.
- Provide practical examples of county-level investments.
- Introduce NASCEND as an implementation and workforce-development partner.



Why This Conversation Matters

The **opioid crisis affects far more than the individual** struggling with substance use disorder. It affects mothers, fathers, infants, children, schools, healthcare systems, foster care, support services, employers, and **entire communities**.

- Pregnancy and early childhood represent critical intervention opportunities.
- Prevention is more effective and less costly than crisis response.
- Kentucky will receive more than **\$900 million** in settlement funds.
- Counties control a substantial portion of those investments.
- Counties have flexibility to support local priorities through **collaborative partnerships** within and across counties.
- Women, infants, children, and families are explicitly included among approved funding uses.
- Counties have a unique opportunity to invest **upstream**, where the return is greatest and the impact can last for **generations**.



Opioid Use/Opioid Use Disorder

- Complex **disease**
- Affects the **dopamine response** center in the brain
- Disrupts **perception, learning, impulse control & judgment**
- **Genetic** predisposition leads to generations being affected
- High co-occurrence of **psychiatric illness**
- Frequent history of **trauma**

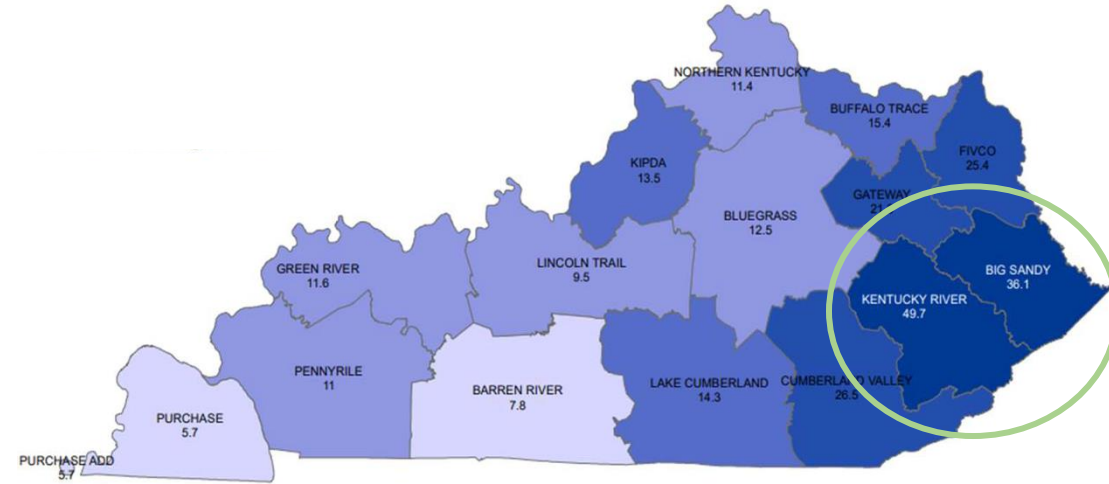
Dopamine Controls

- Motivation
- Learning
- Drive to eat and sleep
- Physical movement
- Attention & Focus
- Decision making
- Working memory
- Problem solving
- Mood
- Prolactin production
- Parenting

Kentucky's Reality

- Kentucky remains among the states **most affected** by the opioid crisis.
- **Rural and Appalachian communities** continue to be disproportionately affected.
- Rural hospitals continue to experience **workforce shortages** and **healthcare desserts**.
- **>1,900 overdose** deaths were reported in 2023.
- **51%** of all **maternal deaths** had substance use as a contributing factor.
- **30-50%** of **foster care cases** had **parental substance use** a leading factor
- **3-10X** more Kentucky newborns are diagnosed each year with **NAS/NOWS** than the national average

National **5.4**
 KY **15.2**
 Appalachia KY **49.7**



\$93,400

Cost of care for opioid exposed newborn

80%

Of opioid-exposed infants are covered by Medicaid

NAS: Neonatal Abstinence Syndrome | NOWS: Neonatal Opioid Withdrawal Syndrome

Sources: Kentucky Department for Public Health (KDPH). Maternal Mortality Review 2024 Report. 2017-2021 Cohort data.
 Kentucky Cabinet for Health and Family Services (CHFS). (2023). Neonatal Abstinence Syndrome in Kentucky: Annual Report on 2022 Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry.

WHY INVEST IN BABIES

Babies exposed to opioids during pregnancy begin life at a **critical disadvantage.**

Increased risk for

- Newborn withdrawal affects sleep, comfort, GI system, neurological system
- Nutritional challenges and feeding issues
- Prolonged hospitalization
- Disrupted bonding
- Long term developmental, behavioral, emotional, and regulation challenges



Kentucky's Opioid Settlement Program

"Address the Needs of **Pregnant or Parenting Women and Their Families**, Including **Babies** with Neonatal Abstinence Syndrome."

Specifically Prioritizes Investments In:

- Pregnant women
- Parenting women
- Infants with Neonatal Abstinence Syndrome
- Healthcare provider training
- Workforce development
- Prevention
- Family support
- Parent education
- Trauma informed care
- Long-term follow-up
- Community partnerships



— THE OPPORTUNITY

Kentucky's Opioid Settlement Program

Counties have an unprecedented opportunity to invest in **prevention**, treatment, recovery, workforce development, and long-term community **infrastructure**.

By investing during **pregnancy and early childhood**, counties can strengthen families, improve outcomes, reduce costs, and **change the trajectory of the opioid crisis for generations**.

Pregnant Women

- Healthier pregnancies
- Increased recovery
- Better access to care
- Reduced stigma
- Increased prenatal care
- Improved parenting



Infants

- Improved outcomes
- Decreased NAS severity
- Better growth and nutrition
- Increased breastfeeding
- Earlier bonding / attachment
- Fewer hospital days
- Better development
- Higher school readiness



Families

- Greater stability
- Reduced trauma
- Better parenting support
- Greater resilience
- Increased recovery support

**Intergenerational recovery
becomes possible**



Communities

- Stronger workforce, increased retention
- Sustainable capacity
- Lower healthcare costs
- Reduced emergency utilization
- Expanded access to services
- Reduced foster care and justice system involvement
- Sustainable impact



Healthier families create safer, more resilient communities



Changing how the world cares for **opioid-exposed** newborns



- **Kentucky-rooted** healthcare innovation company
- **Founded by neonatologists** to improve outcomes for substance-affected pregnancies and opioid-exposed infants and children.
- **Evidence-based workforce training and certification** that standardize care across healthcare systems.
- **Technology-enabled clinical decision support** that improves consistency, quality, and patient outcomes.
- **Implementation infrastructure** that makes care scalable, measurable, and sustainable.
- **CONNECT™** is a maternal-child network connecting specialized care from pregnancy through early childhood with a focus on rural health.

Its All About the Baby

NASCEND Solutions Focus on 4 Connected Areas

WORKFORCE DEVELOPMENT



- LEARN™-on demand
- Workforce and Training Exchange (WTX)-university based
- Train-to-Train (T2T)-hospitals
- NASCEND Care Catalyst-Community based
- Continuing education, Certification, scalable implementation
- Sustainable change

INFRASTRUCTURE AND TECHNOLOGY



- CONNECT™ maternal-child network
 - Telemedicine
 - Clinical consultation
 - Virtual nursing
 - Case management
- Population health analytics
- AssessPro – Newborn Clinical decision support

FAMILY SUPPORT

- Mindful Parenting programs
- Caregiver education
- Family engagement initiatives
- Care-giver portal



RESEARCH, OUTCOMES, AND POLICY



- BRIGHT-POE™ national longitudinal study
 - Pediatric guidelines and resources
 - Local data to inform policy and resource allocation.
 - Identify child needs earlier and intervene sooner.
- Outcomes measurement
- Community-specific reporting



Changing how the world cares for **opioid-exposed** newborns

Why Partner with Us?



- National reach. **Local focus.**
- **Proven Expertise.** Founded by neonatologists. Led by a national expert.
- **Measurable Impact.** Improved outcomes for 1.6M+ newborns and families. 9,800+ professionals trained.
- **Evidence-based solutions.** Backed by research, data and real-world experience.
- **Sustainable Change.** We build infrastructure and capacity to maintain growth with on-going metrics.
- **Improved Outcomes.**

Its All About the Baby

NASCEND Outcomes and Impact

Pregnant Women

- Healthier pregnancies
- Increased recovery
- Better access to care
- Reduced stigma
- Increased prenatal care



4.9 days*

Average length of stay for **ALL¹** OEIs

Infants

- Improved outcomes
- Decreased NAS severity
- Fewer hospital days
- Better development
- Higher school readiness



<10%

need to treat with pharmacology

Families

- Greater stability
- Reduced trauma
- Better parenting support
- Greater resilience
- Increased recovery support
- Intergenerational recovery becomes possible



7.2 days

Average length medication treatment

Communities

- Stronger workforce, increased retention
- Sustainable capacity
- Lower healthcare costs
- Reduced emergency utilization
- Expanded access to services
- Reduced foster care and justice system involvement
- Sustainable impact



>\$15K

Reduction in cost of care/infant

County Partnership Opportunities

Ways Counties Can Invest in Women, Children & Families

Quick Start Opportunities

\$25K - \$50K



Start small. Make an immediate impact.

\$25K Sponsors **individual scholarships** for **Workforce Training Exchange (WTX)**

- **250** Community support workers OR
- **125** Nurses or licensed professionals (includes continuing education & certification) OR
- **85** Physicians (includes continuing education, MOC & certification)

\$50K supports **families**

- **200** families to participate in BRIGHT POE™ study
- **125** families to receive Mindful Parenting training

Community Opportunities

\$75K - \$100K



Expand local expertise. Improve care.

\$75-\$100K Launches **Train-2-Train** at your local healthcare facility

- Develop local clinical champions
- Scalable, sustainable training
- Improved patient outcomes

\$75K provides access to **CONNECT™** for

- **100** mother/baby dyads
- Includes telehealth, virtual nursing, specialty prenatal consultation, care coordination and family support.

Strategic Opportunities

\$125K - \$250K



Build capacity. Strengthen systems.

\$125K become a **community research sponsor** of the Bright POE™ national study with priority for community specific results.

\$150K train **your community's entire workforce** (2-day certification program with CE and one annual renewal)

\$225K helps launch **CONNECT™** in your community to expand

- Specialty maternal-child care
- Provider support
- Family resources

Regional Opportunities

\$250K+



Transform outcomes across counties.

Support regional expansion of **CONNECT™**

- FQHCs, hospitals, health departments, or community partners

Expand sustainable workforce development

- Regional certification
- Continuing education
- Annual competency renewal

Opportunities may be customized to meet county priorities.

Flexible Options. Local Impact. Measurable Outcomes

NASCEND™

Potential County Partners

- Hospitals systems
- Federally qualified health centers (FQHC)
- Public health departments
- Community health centers
- Schools and universities
- Behavioral health organizations
- Community organizations



The Counties Return On Investment

- Create **sustainable systems**, improve care for generations of mothers and infants.
- Invest early; reduce long-term healthcare expenditures.
- **Strengthen families**; reduce foster care involvement.
- **Expand** local expertise; increase access to care, reduce reliance on outside resources, decrease newborn transfers.
- **Improve** maternal, infant and child outcomes.
- **Decrease** maternal morbidity and mortality.
- **Increase** local workforce confidence, competence, capacity and satisfaction.
- Sponsorship **recognition** for a national initiative.

\$18,000

cost savings per opioid
exposed infant

\$4-\$10

return on every \$1 invested in
early childhood

A Different Way to Think About Opioid Abatement

We can continue paying for downstream consequences.

OR

We can invest **upstream, where the return is greatest.**

Together we can ensure that every infant and family has the **opportunity to achieve their **best possible outcomes.****



NASCEND™

Thank you & Questions

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